Ryan White Planning Body

Serving Anson, Cabarrus, Gaston, Mecklenburg, Union, and York Counties

Meeting Minutes

Thursday, August 30, 2018; 9:00am-4:30pm

Hal Marshall Building, Auditorium / 700 N. Tryon St., Charlotte

Meeting goals

1. Review and understand data related to consumer needs and service gaps in the TGA
2. Use data to rank service categories and recommend allocation percentages to Ryan White staff

Attendance

Members: Annette Huffstead, Bernard Davis, Bruce Trujano, Carolyn Simmons, Chelsea Gulden, Christina Adeleke, Dana Reid, Dinikia Savage, Faye Marshall, James Settles, Joanna Martinez, Livan Perez, Michael Bivens, Robert Winstead, Shannon Frady, Sue Goodman, Susan Reif, Timothy Nixon, Vivian Perlman, Windee Sanderson, Zafirah Hannibal

Other: Amaka Ekwonu, Billy Joe Campbell, Brian Witt, Cardra Burns, Debra Linda Beasley, Domonique Brown, Erin Hultgren, James Hayden, Jennifer Pepper, Joyce Dunlap, Kayla Earley, Kristi McCray, Lamar Gill, Lane Brafford, Luis Cruz, Mahogany Graham, Morque Bostic, Tammeka Evans, Trish Wampler, Valetta Rhinehart

Meeting minutes

Welcome & Introductions

Meeting began at approximately 9:38 am. Chelsea Gulden introduced herself, Workgroup chairs, and Ryan White Program manager Luis Cruz. Participants introduced themselves.

Review of Group Agreements and Code of Conduct

Kayla Earley reviewed the Group Agreements, which were printed on the back of each agenda and posted at the front of the room.

TGA's Service Utilization and Service Cost

Luis Cruz, Senior Health Manager of the Ryan White Part A Program, presented service utilization, service cost, and cost per client by service category for Fiscal Year 2017-2018:

Service category	# of people served FY 17-18	Average cost per client FY 17-18	Total spent FY 17-18	Funding FY 18-19
Outpatient / Ambulatory Health Services	2,154	$1,418	$3,054,459	$2,788,716
Oral Health Care	1,069	$890	$951,934	$977,750
Mental Health Services	82	$412	$33,785	$37,580
Emergency Financial Assistance	10	$650	$6,495	$7,025
Medical Transportation	470	$465	$218,682	$202,891
Psychosocial Support	81	$831	$67,312	$74,350
Early Intervention Services	27	$1,224	$33,044	$73,908
Health Insurance Premium & Cost-sharing Assistance	779	$323	$251,861	$301,160
Medical Case Management	2,589	$375	$971,880	$941,950
Non-medical Case Management Services	10	$282	$2,820	$0
Total	**3441 unduplicated**		**$5,592,272**	**$5,405,330**

Cruz also estimated unmet need in two service categories:

1. Health Insurance Premium and Cost-sharing Assistance: An estimated 59.8% of TGA Part A consumers (2,058 out of 3,441) do not have health insurance. Based on $323 per year per client (see table above), the TGA needs $665,287 to meet this need.
2. Housing: An estimated 10% of TGA Part A consumers (344 out of 3,441) are not permanently housed. The average cost to house individuals and families, according to the local HOPWA agency, is $13,500 a year per individual/family. Based on this number, the TGA needs $4,644,000 to provide housing services 344 consumers.

TGA's Performance and Outcomes Evaluation, with a Closer Look at the Continuum of Care

Valetta Rhinehart, Quality Management Administrator of the TGA Part A Program, presented Fiscal Year 2017-2018 performance measures, including a comparison of the actual percentage versus goal:

Performance Measure	Actual Percentage	Goal
HIV viral load suppression	83.04%	80%
Prescription of ART therapy	96.96%	97%
HIV medical visit frequency	54.01%	55%
Gap in HIV medical visits	19.36%	18%
CD4 <200 with PCP prophylaxis	89.29%	100%
Hepatitis C screening	97.13%	90%
HIV risk counseling	97.13%	100%
Syphilis screening	86.51%	90%
TB screening	92.30%	90%
Chlamydia screening	87.56%	75%
Gonorrhea screening	87.40%	75%

Kayla Earley provided a more in-depth overview of the HIV Care Continuum, reminding participants that the HAB continuum includes:

1. Diagnosed with HIV
2. Linked to care
3. Engaged or retained in care
4. Prescribed antiretroviral therapy
5. Achieved viral suppression

Earley presented Care Continuum data (see Exhibit A) with emphasis on:

1. Retention in care
2. Age group
3. Gender
4. Race and ethnicity
5. Health insurance status

Ryan White Program's Needs Assessment Results

Kayla Earley presented results from the Ryan White Program's triennial needs assessment, completed in Spring 2018. Earley noted that only 82 people responded to the survey, which is less than 1% of the total population living with HIV in the TGA. Additionally, 16% of respondents were homeless, a higher percentage than the TGA's Ryan White consumers living in homelessness (estimated 10% not permanently housed, which does not necessarily mean homeless). This increased representation of homeless may skew some needs toward housing. About 46% of respondents had health insurance, which is 6% higher than the TGA's Ryan White consumers (only 40% insured).

The needs assessment reflected the following priorities for service needs:

1. Adequate housing: Great need and difficult to access
2. Tied for Medical Transportation and Health Insurance: Great need and difficult to access
3. HIV medications: Great need and easy to access
4. Dental care
5. Emergency Financial Assistance: Area of concern
6. Ambulatory / Outpatient Care: Great need and easy to access
7. Support Groups
8. Medical Case Management: Great need and easy to access
9. Mental Health Care
10. Early Intervention Services: Great need and easy to access
11. Psychosocial support
12. Substance Use Care: Great need and easy to access

When asked why services are difficult to access, common responses from respondents included:

1. No money, no job
2. No transportation
    a. Live in rural area and/or not on bus line, or live far away from services
    b. Cannot get a ride
    c. No money for bus or insufficient access to bus passes
3. Live in outlying county where services are not offered
4. Do not know about services because they are not advertised, or case managers do not share information about the resources
5. No health insurance
6. Not permanently housed, or homeless
7. Services are not offered outside of the 8:00-5:00 workday, or schedules conflict with other services
8. A couple of people noted a need for a support group for heterosexual women

HIV Community Plan's Needs Assessment Results

Brian Witt, employee of Mecklenburg County Public Health and member of Getting to Zero Mecklenburg (G2Z Meck), presented data collected by G2Z Meck, its purpose, and the HIV Care Continuum.

Witt explained that G2Z Meck is a community effort to reduce new HIV incidents in Mecklenburg County. G2Z Meck's three key strategies include:

1. Education and testing
    a. Includes community-wide media campaign, routine opt-out HIV testing as standard of care, community education, and testing in non-traditional locations and times
2. Pre-Exposure Prophylaxis (PrEP)
    a. Includes increased access to PrEP for uninsured (PrEP Pilot Project), leadership and logistical support, community education, and increased support services
3. Treatment as Prevention (TasP)
    a. Includes integrated care for people living with HIV, expanded patient navigation services, newer models of linkage to care, collaboration with providers to address social determinants of health, and improved client utilization of testing, treatment, and support services

Witt presented 2015 HIV Care Continuum data for the United States:

1. 86% Diagnosed with HIV
2. 63% Receipt of care
3. 49% Retained in care
4. 51% Viral suppression

Witt explained that G2Z Meck conducted qualitative research interviews with 19 key informants who work in HIV service or are community members. The survey identified 20 HIV-related issues, and Witt surveyed 20 participants at the Ryan White Advisory Group (now Planning Body) meeting on 5/23/2018. Participants ranked each item from 0 (no action needed) to 5 (highest priority). Results include:

Rank	Item	Score
1	Retention in HIV care	4.63
1	Funding for services (meds, wrap-around services, prevention services)	4.63
2	School educational programs on HIV and sexual health	4.45
3	Linkage to care (referrals between locations of care, patient nav.)	4.32
4	Community awareness and education	4.30
4	Communication	4.30
5	Political support	4.28
6	Health department leadership	4.26
7	Overcoming stigma	4.25
8	Fragmentation of care	4.21
9	PrEP access	4.16
10	Concurrent social needs and support	4.15
10	Behavioral interventions	4.15
10	Addressing social and cultural differences	4.15
11	Physical access to HIV care	4.11
12	Concurrent medical needs	4.05
13	Outreach screening	3.89
14	Engagement of faith-based organizations	3.60
15	Needle exchange programs	3.53

Witt encouraged participants to attend the next Getting to Zero Mecklenburg meeting, scheduled for 9/11/18 from 6:00-8:00pm. Anyone interested in learning more about G2Z Meck should contact Brian.Witt@mecklenburgcountync.gov. Earley to send a meeting reminder time via email.

Part B Overview

Robert Winstead, HIV Care Program Manager of North Carolina DHHS' Division of Public Health, reviewed Part B services provided in the TGA. NC DHHS utilizes Minority AIDS Initiative (MAI) funding received through Ryan White Part B to fund one position at Mecklenburg County Health Department. This position is responsible for completing initial HMAP (formerly ADAP) eligibility determinations / enrollment and redetermination of eligibility/enrollment for primarily minority clients in the TGA. This position also provides outreach to clients and service providers in the TGA regarding HMAP eligibility, the HMAP application process, the importance of remaining in care, the need to remain adherent to medications and the goal of viral load suppression to reduce the risk of HIV transmission. This position will serve an estimated 120 clients and provide 218 services. The total funding varies yearly depending on MAI funding received from HRSA.

- Total salary costs: $44,445
- Total fringe costs: $19,005 (additional fringe costs for health insurance premium is covered in-kind by Mecklenburg County Health Department)
- Total travel costs: $174 (319 miles reimbursed at .545 per mile)
- Total Budget: $63,624

Part C Overview

Annette Huffstead, an employee of a Part C funded organization in the TGA (Quality Comprehensive Health Center), reviewed Part C monies in the TGA. Huffstead reported that her organization received $258,576 to provide Part C services from 5/1/2018-4/30/2021. This Part C program offers the following services:

1. Infectious Disease Specialty Care
2. Primary Medical (EIS) Care
3. Case Management Services
4. Linkage to Care Services

Eligibility requirements for Part C services includes:

1. Must be at least 18 years old
2. Have valid ID
3. Proof of HIV status
4. Proof of residency
5. Proof of income (400% of Federal Poverty Level or below)

Part C services in the North Carolina TGA counties are held:

1. Metrolina Internal Medicine Clinic (7945 N. Tryon St. #112, Charlotte, NC)
    a. Thursdays, 1:30pm-5:00pm
2. Prime Care Medical Center (3627 Beatties Ford Rd. Charlotte, NC)
    a. Saturdays, 9:30am-1:30pm

This Part C program serves a maximum of 60 people per fiscal year, with 51 people served in FY 2017-2018. About 70% of these clients are men, 23.5% female, and 5.9% transgender. Ninety-four percent of people served were Black or African American, followed by 5.9% white and 2% Native Hawaiian or Pacific Islander. In FY 17-18, the cost of care per client was:

1. $225 – ID Specialty
2. $225 – Primary Care
3. $206 – Dental Services

Eligible people may receive Part C services from QCHC by submitting referrals to Annette Huffstead at ahuffstead@qchealth.org; 704-394-8968 or 704-352-8937.

Part D Overview

Sue Goodman, an employee of the TGA's only Part D Program (C.W. Williams), reviewed the Part D Program. Goodman reported that C.W. Williams receives $113,823 to support Women, Children, Infants, and Youth living with HIV in Mecklenburg, Anson, Gaston, Union (NC) and York, SC but will not turn anyone away if they are from another county. The Part D Program currently has 29 patients enrolled, all of whom are women. Part D provides primary care, HIV specialty Care, Medical Case Management, and labs.

Cost Analysis Presentation: Insurance vs. Ryan White

Jaysen Foreman-McMaster was unable to present. Co-Chair Gulden filled in, explaining that Health Insurance Premium and Cost-sharing Assistance assists consumers with paying health insurance premiums on a sliding scale. Gulden also provided an overview of cost per client and reminded participants that health insurance gives consumers access to comprehensive medical care beyond HIV-related treatment.

Priority Setting

Voting members individually completed the Fiscal Year 19-20 Priorities Setting Worksheet, which asked voting members to rank all HRSA service categories from 1 (highest priority / most needed) to 30 (lowest priority / least needed). The worksheet included previous Advisory Group rankings for the past three fiscal years. Chelsea Gulden and Jennifer Pepper helped voting members complete these worksheets, ensuring all categories were ranked 1-30 and that members clearly wrote their names on their sheets. Twenty voting members in attendance submitted FY 19-20 Priority Setting Worksheets. Gulden and Pepper collected members' responses and submitted these to Kayla Earley, who added each member's response to the Priority Setting Scores Worksheet. The worksheet calculated the group's priority rankings, which were in the following order:

1. Health Insurance Premium and Cost-sharing Assistance (HIPCSA)
2. Medical Case Management, including Treatment Adherence
3. Outpatient / Ambulatory Health Services
4. Medical Transportation
5. Oral Health Care
6. Mental Health Services
7. Housing Services
8. Early Intervention Services (EIS)
9. Emergency Financial Assistance
10. Psychosocial Support Services
11. Substance Abuse Outpatient Care
12. Food Bank / Home Delivered Meals
13. AIDS Pharmaceutical Assistance
14. Non-medical Case Management Services
15. Home & Community-based Health Services
16. Medical Nutrition Therapy
17. Substance Abuse Services (residential)
18. Health Education / Risk Reduction
19. Outreach Services
20. AIDS Drug Assistance Program Treatments
21. Linguistic Services
22. Home Health Care
23. Referral for Health Care & Support Services
24. Legal Services
25. Rehabilitation Services
26. Child Care Services
27. Other Professional Services
28. Hospice
29. Permanency Planning
30. Respite Care

Gulden reported these results to the group and opened the floor for discussion. Sue Goodman made a motion to move Outpatient/Ambulatory Care to Priority #1, stating that this service is most needed for healthcare and provision of labs and medicine. Annette Huffstead seconded this motion, reporting a worry that people who are ineligible for Affordable Care Act may not have access to HIPCSA. Fourteen members reflected as approved, passing the motion to move Outpatient/Ambulatory Care to Priority #1. The new rank is as follows:

1. Outpatient / Ambulatory Health Services
2. Health Insurance Premium and Cost-sharing Assistance (HIPCSA)
3. Medical Case Management, including Treatment Adherence
4. Priorities 4-30 are the same as above

James Settles made a motion to approve the Priority Rankings in this order. Shannon Frady seconded the motion. All voting members reflected as approved.

Christina Adeleke made a motion to reconsider the vote, stating she would like to consider moving Housing to a higher priority ranking. Timothy Nixon seconded this motion. The motion failed with only 10 members reflecting approved, which did not fulfill quorum.

Resource Allocation

Co-Chair Gulden opened the floor for discussion of Resource Allocation. Voting members agreed to discuss each category individually in order of Priority ranking (1-30). Member-approved Resource Allocations for Part A funds, in order by rank include:

Rank	Service Category	Percent allocated for FY19-20
1	Outpatient / Ambulatory Health Services	51.00%
2	Health Insurance Premium & Cost-sharing Assistance	7.00%
3	Medical Case Management, including Treatment Adherence Services	14.54%
4	Medical Transportation	4.51%
5	Oral Health Care	20.00%
6	Mental Health Services	1.00%
7	Housing	0.00%
8	Early Intervention Services (EIS)	0.46%
9	Emergency Financial Assistance	0.14%
10	Psychosocial Support Services	1.35%
11	Members did not fund Priorities 11-30	0.00%

Total Core Medical Services are funded at 94% of the total grant, minus Administrative and Quality Management Expenses. Total Support Services are funded at 6% of the total grant, minus Administrative and Quality Management Expenses.

Christina Adeleke made a motion to approve the Part A Allocations as written. James Settles seconded the motion. All voting members reflected to approve.

Voting members repeated this process for Minority AIDS Initiative (MAI) funds. Members allocated 100% of MAI funds to Core Medical Services. Member-approved Resource Allocations for MAI funds, in order by rank include:

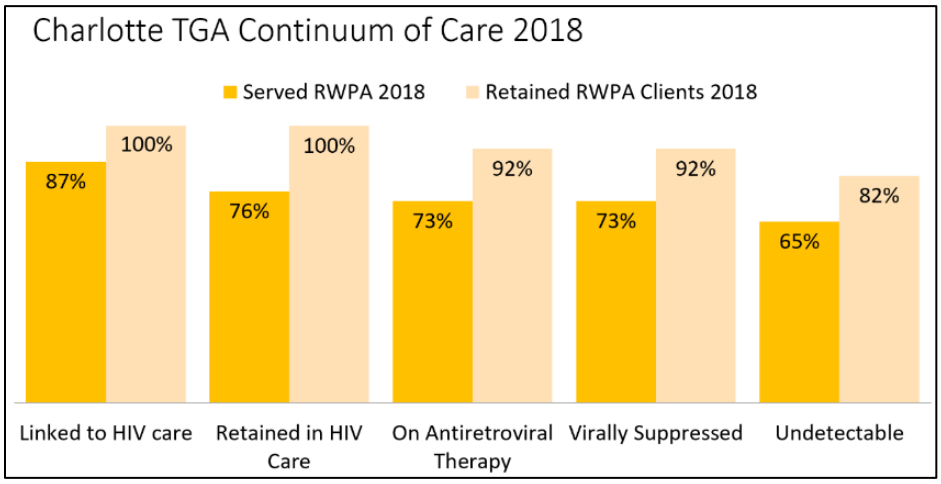
Rank	Service Category	Percent allocated for FY19-20
1	Outpatient / Ambulatory Health Services	38%
2	Health Insurance Premium & Cost-sharing Assistance	0%
3	Medical Case Management, including Treatment Adherence Services	49%
4-7	Priorities 4-7 were not funded	0%
8	Early Intervention Services (EIS)	13%
9	Members did not fund Priorities 9-30	0%

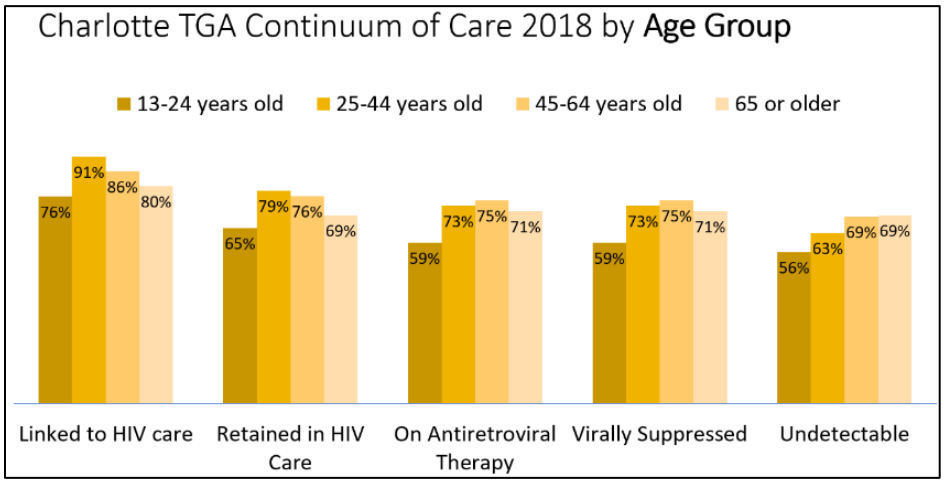
Sue Goodman made a motion to approve MAI allocations as written. Livan Perez seconded this motion. All voting members reflected as approved.

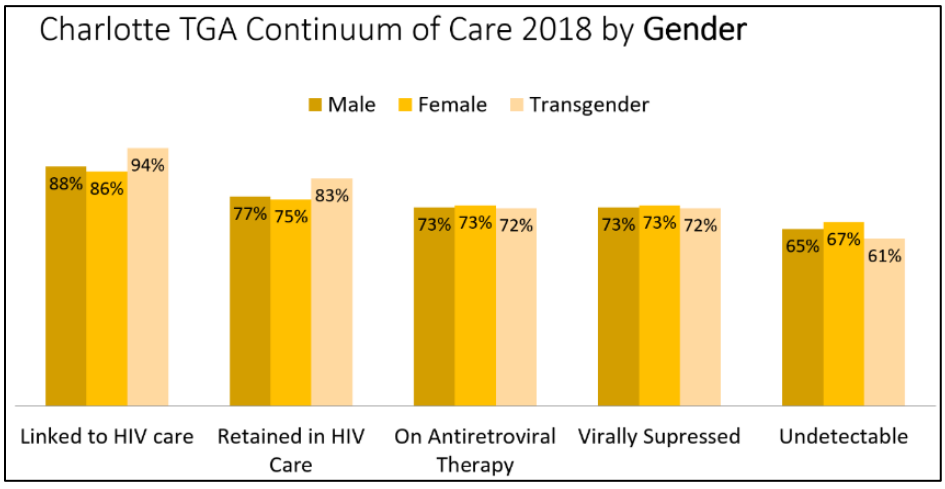
Public Comment

The floor opened for public comment; none was given. Kayla Earley asked members to complete an evaluation of the PSRA process and reminded of the next meeting, scheduled for 10/17/18, 11:30a-12:30p at Hal Marshall Auditorium (700 N. Tryon St. Charlotte). Shannon Frady reminded the group of the upcoming Needs Assessment Workgroup meeting on 9/19/18, 1:00p-2:00p. The meeting adjourned early at approximately 3:30pm.

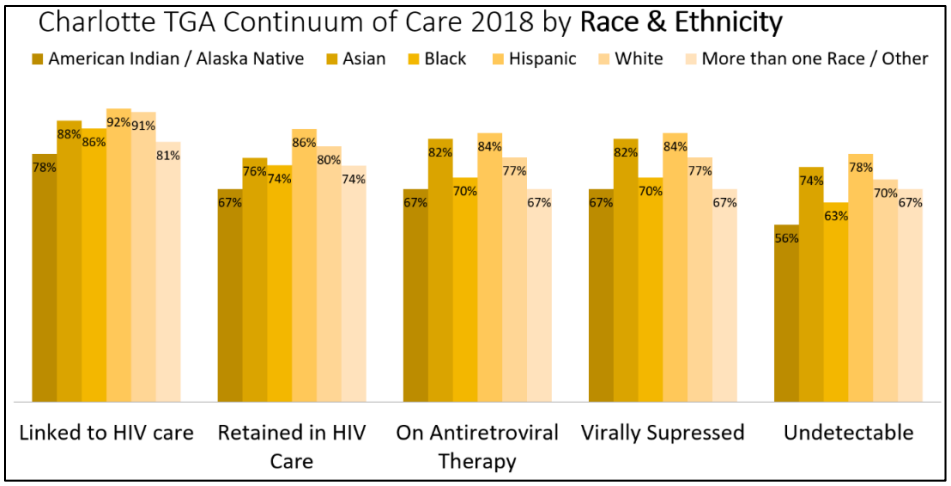
Exhibit A: HIV Care Continuum by Retention, Age Group, Gender, Race & Ethnicity, and Health Insurance

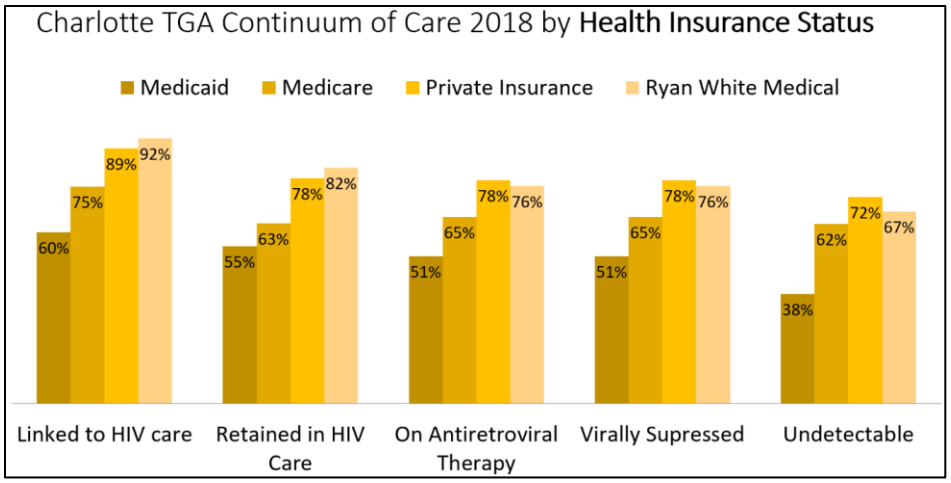






(Exhibit A continues on next page)


Charlotte TGA Continuum of Care 2018 by Race & Ethnicity
American Indian / Alaska Native
Asian
Black
Hispanic
White
More than one Race / Other
78%
88%
86%
92%
91%
81%
67%
76%
74%
86%
80%
74%
67%
82%
70%
84%
77%
67%
67%
82%
70%
84%
77%
67%
56%
74%
63%
78%
70%
67%
Linked to HIV care
Retained in HIV Care
On Antiretroviral Therapy
Virally Supressed
Undetectable


Charlotte TGA Continuum of Care 2018 by Health Insurance Status
Medicaid
Medicare
Private Insurance
Ryan White Medical
60%
75%
89%
92%
55%
63%
78%
82%
51%
65%
78%
76%
51%
65%
78%
76%
38%
62%
72%
67%
Linked to HIV care
Retained in HIV Care
On Antiretroviral Therapy
Virally Supressed
Undetectable